

DATE GIVEN:

1-18-2007

DATE RECEIVED:

NAME:

Paullette

SERIAL NUMBER:

8

Time Out

12:00

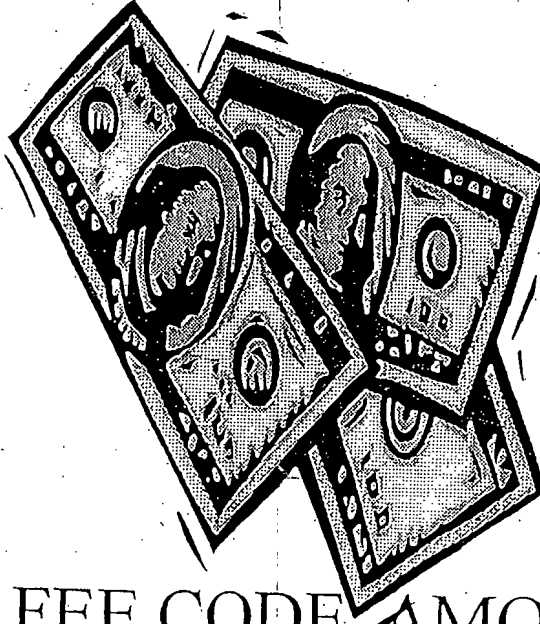
Time In

Is there a refund due on
this case?

Specials

2 Hour Time

COMPLETED



Yes

☒ YES

FEE CODE

AMOUNT

1612

130

done

☐ NO

REASON FOR DENIAL

• PLEASE RETURN TO

~~Mrs. Rita White~~ so it can be removed
from refund list.

Your
Supervisor

PK
ATTENTION ATTENTION ATTENTION

Method of Refund:

☐ **ACH/EFT**

☐ **Credit Card**

☒ **Deposit Account #** 04-2223

☐ **Treasury Check**

Patent/TM/App/Serial # 10,551,788

Program Area PCT National

Date Processed 12-27-06

ATTENTION ATTENTION ATTENTION

DYKEMA

DYKEMA GOSSETT PLLC
FRANKLIN SQUARE, THIRD FLOOR WEST
1300 I STREET N.W.
WASHINGTON, DC 20005
WWW.DYKEMA.COM

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DEC 11 2006

DATE: December 11, 2006

TOTAL PAGES INCLUDING COVER: 7

SENDER'S NAME: Mary Stout

SENDER'S FAX: (202) 906-8669

ATTORNEY NAME: John P. Deluca

LOCATION: Washington D.C.

ATTORNEY'S E-MAIL: jdeluca@dykema.com

ATTORNEY'S PHONE: (202) 906-8626

NAME	FAX NUMBER	CONFIRM NUMBER
TO: USPTO	571-273-8300	

ADDITIONAL INFORMATION:

The following concerns Serial No. 10/551,788

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EMPLOYEE NO. 5011

CLIENT NO. 066347

MATTER NO. 0132

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Practitioner's Docket No. 66347-132

2006 DEC 12 PM 4:07 PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

☒ In re application of: Richard Wilhelm JANSE VAN RENSBURG et al.
Application No.: 10 / 551,788 Group No.: 1724
Filed: May 11, 2006 Examiner:
For: GAS FLOW GENERATOR

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☐ Patent:

Issued:

NOTE: Insert name(s) of inventor(s) and title also for patent. Where request is with respect to a maintenance fee payment also insert application number and filing date and add Mail Stop 16 to address.

Mail Stop 16

Director of the U.S. Patent and Trademark Office

P.O. Box 1450,

Alexandria, VA 22313-1450

REQUEST FOR REFUND
(IMPROPER CHARGE OF DEPOSIT ACCOUNT)

NOTE (HAND CARRIED): Refund requests, deposit account replenishments, and maintenance fee payments may be hand carried to the Office of Finance receptionist in Suite 300, 2051 Jamieson Avenue (Carlyle Place building), Alexandria, VA 22314. Hand carried correspondence will only be accepted, and not processed. Although the receptionist will not process any correspondence, if the correspondence is delivered with an itemized postcard, the receptionist will provide a delivery receipt by date stamping the postcard. Depending on whether the correspondence is a refund request, deposit account related (e.g., a deposit account replenishment), or maintenance fee related (e.g., a maintenance fee payment), the correspondence should be placed in an envelope with REFUND, DEPOSIT ACCOUNT, or MAINTENANCE FEE written in dark ink across the envelope. See "Updated Lists of Exceptions to the Centralized Delivery and Facsimile Transmission Policy for Patent Related Correspondence," September

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*
(When using Express Mail, the Express Mail label number is mandatory;
Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

☐ deposited with the United States Postal Service in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

37 C.F.R. § 1.8(a)

37 C.F.R. § 1.10.*

☐ with sufficient postage as first class mail.

☐ as "Express Mail Post Office to Addressee"
Mailing Label No. _____ (mandatory)

TRANSMISSION

☒ facsimile transmitted to the Patent and Trademark Office, (571) 273-6500.

CERTIFICATION OF TRANSMISSION

I hereby certify that this
Signature correspondence is being facsimile
transmitted to the U.S. Patent and
Trademark Office, Fax No. _____

Type or print name of person certifying

John De Luca

* Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date of any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.8(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

(Request for Refund (Improper Charge of Credit Card Account) [18-4]—page 1 of 4)

19, 2005; 1299 OG-88, October 18, 2005, Exceptions for Certain Hand Carried Correspondence, Item 12.

NOTE (FACSIMILE): Refund requests facsimile number 571-273-6500. See "Updated List of Exceptions to the Centralized Delivery and Facsimile Transmission Policy for Patent Related Correspondence," September 19, 2005; 1299 OG 88, October 18, 2005, Exceptions for Certain Facsimile Transmitted Correspondence, Item 13.

NOTE: 37 C.F.R. § 1.26 Refunds.

(a) The Commissioner may refund any fee paid by mistake or in excess of that required. A change of purpose after the payment of a fee, such as when a party desires to withdraw a patent or trademark filing for which the fee was paid, including an application, an appeal, or a request for an oral hearing, will not entitle a party to a refund of such fee. The Office will not refund amounts of twenty-five dollars or less unless a refund is specifically requested, and will not notify the payor of such amounts. If a party paying a fee or requesting a refund does not provide the banking information necessary for making refunds by electronic funds transfer (31 U.S.C. 5332 and 31 CFR part 208), or instruct the Office that refunds are to be credited to a deposit account, the Commissioner may require such information, or use the banking information on the payment instrument to make a refund. Any refund of a fee paid by credit card will be by a credit to the credit card account to which the fee was charged.

(b) Any request for refund must be filed within two years from the date the fee was paid, except as otherwise provided in this paragraph or in § 1.284a. If the Office changes a deposit account by an amount other than an amount specifically indicated in an authorization (§ 1.26(b)), any request for refund based upon such change must be filed within two years from the date of the deposit account statement indicating such change, and include a copy of that deposit account statement. The time periods set forth in this paragraph are not extendable.

I. REFUND REQUEST

This is a request for a refund, with respect to the charge to Deposit Account
04-2223, shown on the statement dated 5/31/2006, for the
above-identified

- ☒ application.
☐ patent.

(check the following, if desired, and supply copy of statement)

- ☒ A copy of the monthly statement, in which the error referred to occurs, accompanies this request.

(Request for Refund (Improper Charge of Credit Card Account) [19-4]—page 2 of 4)

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II. FEES CHARGED FOR WHICH REFUND REQUESTED**AMOUNT OF
REFUND
REQUESTED****RECEIVED
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- ☐ Basic fee
☐ Examination fee
☐ Search fee
☐ Additional fee for specification and drawings
☐ Surcharge for filing the basic filing fee on a date later than the filing date of the application (37 C.F.R. § 1.16(e))

\$ _____
\$ _____
\$ _____

and/or

- ☒ Surcharge for filing the oath or declaration on a date later than the filing date of the application (37 C.F.R. § 1.16(e))

130.00

- ☐ Extension of term

- ☐ first month
☐ second month
☐ third month
☐ fourth month
☐ fifth month

- ☐ Excess claims

- ☐ Issue fee

- ☐ Petition fee

- ☐ Patent maintenance fee

- ☐ first maintenance fee
☐ second maintenance fee
☐ third maintenance fee

- ☐ Patent maintenance fee surcharge

- ☐ Other _____

TOTAL REFUND REQUESTED

130.00

(Request for Refund (Improper Charge of Credit Card Account) [19-4]—page 3 of 4)

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III. EXPLANATION OF WHY CONTESTED CHARGE IS IN ERROR

Duplicate charge for late declaration

Deposit Account statements attached

5/19/06 Code 1617 - \$130
10/13/05 Code 1617 - \$130

IV. MANNER OF REFUND

Please make the refund by

- ☒ Crediting Deposit Account No. 04-2223
☐ Crediting applicant's credit card as shown on the attached credit card authorization form PTO-2038.

WARNING: Credit card information should not be included on this form as it may become public.

- ☐ Sending refund check to applicant
☐ By electronic funds transfer using the banking information on the payment instrument.

Reg. No.: 25505

Tel. No.: (202) 906-8600

Customer No.: 25269


SIGNATURE OF PRACTITIONERJohn P. DeLuca
(type or print name of practitioner)

Dykema Gossett PLLC

Third Floor West, Franklin Square
1300 I Street, NW
Washington, DC 20005-3306



UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents
United States Patent and Trademark Office
P.O. Box 1450
Alexandria, VA 22313-1450
www.uspto.gov

MONTHLY STATEMENT
OF DEPOSIT ACCOUNT

To replenish your deposit account, detach and
return top portion with your check. Make check
payable to Director of Patents & Trademarks.

DYKEMA GOSSETT PLLC
MARY F. PELTIER
39577 WOODWARD AVENUE
SUITE 300
BLOOMFIELD HILLS MI 48304-2820

FINA

Account No.	042223
Date	10-31-05
Page	4

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Chicago, IL 60673

DATE POSTED MO. DAY YR.	CONTROL NO.	DESCRIPTION (Serial, Patent, TM, Order)	DOCKET NO.	FEE CODE	CHARGES/ CREDITS	BALANCE
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10 12 05	213	10807401	66386-344-7	1501	1400.00	21211.21
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10 13 05	502	10551788	66347-132	1631	300.00	53076.21
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10 13 05	1621	78732429	066418-0117	7001	1300.00	50071.21
10 13 05	1667	76515305	066136-0002	7004	150.00	49921.21
10 14 05	96	11241971	066914-0005	8021	40.00	49881.21
10 14 05	132	10487056	065300-1087	8021	40.00	49841.21
10 14 05	945	76355846	064934-0043	7004	150.00	49691.21
10 17 05	152	11248402	66,961-0006	2011	150.00	49541.21
AN AMOUNT SUFFICIENT TO COVER ALL SERVICES REQUESTED MUST ALWAYS BE ON DEPOSIT			OPENING BALANCE	TOTAL CHARGES	TOTAL CREDITS	CLOSING BALANCE

MS0208 08/2004

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MARY F. PELTIER
39577 WOODWARD AVENUE
SUITE 300
BLOOMFIELD HILLS MI 48304-2820

FINA

Account No.	042223
Date	5-31-06
Page	5

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DATE POSTED			CONTROL NO.	DESCRIPTION (Serial, Patent, TM, Order)	DOCKET NO.	FEE CODE	CHARGES/ CREDITS	BALANCE
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MS0200 (5/2006)

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